

<i>SERFF Tracking Number:</i>	<i>AMLC-126581918</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Income Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45499</i>
<i>Company Tracking Number:</i>	<i>R5000</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Children's Term Rider</i>		
<i>Project Name/Number:</i>	<i>R5000/R5000</i>		

## Filing at a Glance

Company: American Income Life Insurance Company

Product Name: Children's Term Rider

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AMLC-126581918 State: Arkansas

SERFF Status: Closed-Approved-  
Closed

Co Tr Num: R5000

Author: Angela Fincher

Date Submitted: 04/23/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/26/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: 05/24/2010

State Filing Description:

Implementation Date:

## General Information

Project Name: R5000

Project Number: R5000

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/26/2010

Deemer Date:

Submitted By: Angela Fincher

Filing Description:

RE: R5000 - Children's Term Rider

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed concurrently  
in Indiana, our state of domicile.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/26/2010

Created By: Angela Fincher

Corresponding Filing Tracking Number:

Enclosed are copies of the above referenced form for your review. This form is a new form and is not intended to replace any previously approved form. This form has been written in "readable" language and has a FLESCH readability score of 53.6.

This form is for general use with our individual life portfolio approved in your state and will be marketed by licensed agents to individuals using application form AG-2549, which was approved 11/10/2008. This rider covers all children of

SERFF Tracking Number: AMLC-126581918 State: Arkansas  
Filing Company: American Income Life Insurance Company State Tracking Number: 45499  
Company Tracking Number: R5000  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Children's Term Rider  
Project Name/Number: R5000/R5000

an insured parent for an annual premium of \$7.50 per \$1,000. No illustration will be used with this traditional term life product; all values are guaranteed.

We wish to thank you for your cooperation in this matter, and trust you will find this filing acceptable for approval. Please contact me if you have any questions.

## Company and Contact

### Filing Contact Information

Angela Fincher, Contract Analyst afincher@aillife.com  
PO Box 2608 254-761-6761 [Phone]  
Waco, TX 76797 254-741-5723 [FAX]

### Filing Company Information

American Income Life Insurance Company CoCode: 60577 State of Domicile: Indiana  
P.O. Box 2608 Group Code: 290 Company Type: Life and Health  
Waco, TX 76797 Group Name: Liberty National State ID Number: 498  
(254) 761-6761 ext. [Phone] FEIN Number: 74-1365936

-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50/rider form \* 1 rider = \$50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Income Life Insurance Company	\$50.00	04/23/2010	35918172

<i>SERFF Tracking Number:</i>	<i>AMLC-126581918</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Income Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45499</i>
<i>Company Tracking Number:</i>	<i>R5000</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Children's Term Rider</i>		
<i>Project Name/Number:</i>	<i>R5000/R5000</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	04/26/2010	04/26/2010

<i>SERFF Tracking Number:</i>	<i>AMLC-126581918</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Income Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45499</i>
<i>Company Tracking Number:</i>	<i>R5000</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Children's Term Rider</i>		
<i>Project Name/Number:</i>	<i>R5000/R5000</i>		

## Disposition

Disposition Date: 04/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMLC-126581918</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Income Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45499</i>
<i>Company Tracking Number:</i>	<i>R5000</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Children's Term Rider</i>		
<i>Project Name/Number:</i>	<i>R5000/R5000</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial Memorandum		No
Form	Children's Term Rider		Yes

SERFF Tracking Number:	AMLC-126581918	State:	Arkansas
Filing Company:	American Income Life Insurance Company	State Tracking Number:	45499
Company Tracking Number:	R5000		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Children's Term Rider		
Project Name/Number:	R5000/R5000		

## Form Schedule

Lead Form Number: R5000

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	R5000	Policy/Cont Children's Term ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.600	R5000.pdf

# AMERICAN INCOME LIFE INSURANCE COMPANY

Executive Office: P.O. Box 2608, Waco Texas 76797

## CHILDREN'S TERM RIDER

BENEFITS	We will pay the Children's Death Benefit on Page 3 to the Beneficiary at the Insured Child's death. The Insured Child's death must occur while this Rider is in full force. Payment will be made when we receive proof of the Insured Child's death at our Executive Office.
INSURED CHILD	An Insured Child is your child, stepchild or legally adopted child who is named in the application for this Rider. Each child born while this Rider is in full force will become an Insured Child at age fifteen days if this Rider is in full force. Each child you legally adopt before age 18 will become an Insured Child on the date of adoption if this Rider is in full force.
NON-PARTICIPATING	This is a non-participating Rider. This means the Rider does not share in our profits or surplus.
POLICYOWNER AND BENEFICIARY	While you live, the owner of the policy is the owner of this Rider. After your death, the owner of this Rider will be each living Insured Child, jointly with their legal guardian. While you live, you are the beneficiary of this Rider. After your death, the beneficiary will be the executors or administrators of the Insured Child upon whose death payment is to be made.
MISSTATEMENT OF AGE	If the age of the Insured Child is not correct on the application for this Rider, the amount payable under this Rider will be what the premiums paid would have bought at the correct age.
INCONTESTABILITY	We cannot contest the validity of this Rider after it has been in force for 2 years from the Rider Date.
SUICIDE EXCLUSION	If any Insured Child commits suicide, while sane or insane, before this Rider has been in force for 2 years from the Rider Date, we will not pay the Children's Death Benefit. We will return the premiums paid for this Rider. This will not affect the coverage of any other Insured Child if premium payments are continued.
REINSTATEMENT	This Rider may be reinstated (put back in full force) within 5 years after the date it ceases to be in full force. The policy this Rider is attached to must be concurrently reinstated. Satisfactory evidence of insurability of any Insured Child to be covered by this Rider will be required. We will not pay the Children's Death Benefit for the death of any Insured Child that occurred after the end of the grace period and before the date of reinstatement.
FULLY PAID-UP AFTER DEATH OF INSURED	If you die while the policy and Rider are in full force, the Children's Death Benefit on each Insured Child will become fully paid-up term insurance. The term insurance will expire when coverage for that Insured Child stops as described in the Termination provision. This paid-up term insurance will have cash value equal to the present value of future benefits. We use the 2001 Commissioner's Standard Ordinary Mortality Table, Age Last Birthday with 4.0% interest to calculate the cash value. After the term insurance is paid up, but before the expiry date, each Insured Child has the right to obtain the net cash surrender value. If surrender of the paid-up term insurance is made within 31 days after a policy anniversary, we must pay at least the cash value on that anniversary. A table of cash values or information about cash values will be provided by us on request.
CONVERSION PRIVILEGE	<p>While this Rider is in full force, the term insurance provided by this Rider on any Insured Child may be replaced with any permanent plan of life insurance issued by the company subject to the following conditions:</p> <ol style="list-style-type: none"><li>1. Send the policy, this Rider and your written request for conversion to our Executive Office before the coverage for that Insured Child stops as described in the Termination provision. The Policy Date of the new policy will be the date of the request. Premiums paid will be at the rate for the Insured Child's attained age then charged by us for the plan selected.</li></ol>



2. The amount of insurance of the new policy will be equal to the Children's Death Benefit on Page 3. However, if the new policy becomes effective when coverage for the Insured Child stops under Termination provision 1 or 2, the amount of insurance will be five times the Children's Death Benefit on Page 3 but may not exceed \$50,000. The amount of the new policy, however, may not be less than the published minimum amount limit then applicable for the plan selected. At least one plan will always be available for conversion.
  3. The new policy will not include any disability waiver or other supplemental agreement that increases the insurance risks, unless we are given proof of the Insured Child's insurability.
  4. The suicide and incontestability provisions of the new policy will start from the effective date of this Rider.
  5. The risk classification of the new policy and this Rider will be the same.
- Evidence of insurability is not required.

#### TERMINATION

This Rider will stop at the first of the following:

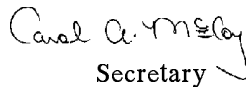
1. The policy anniversary following your 65th birthday;
2. The policy anniversary following each Insured Child's twenty-first birthday for the term insurance on that child;
3. The end of the grace period for any premium due on the policy or this Rider;
4. The written request of the Policyowner; or
5. When the nonforfeiture provisions of the policy go into effect as specified in the Guaranteed Values section of the policy.

#### ADDITIONAL BENEFITS

The benefits given by this Rider do not change the Policy Loans or Guaranteed Values of the policy. Nothing in this Rider will vary, alter, waive, or extend the policy unless it is expressly stated in this Rider.

#### CONSIDERATION

We have issued this Rider in return for the application and the payment of the additional premium on Page 3. A copy of the application is attached to the policy. The additional premium is payable until this Rider stops unless a shorter premium period is stated in the policy. If we receive premiums for this Rider after it has stopped, we will refund such premiums and the insurance coverage will not continue.

  
Secretary

  
President



MORTALITY TABLE - 2001 COMMISSIONER'S STANDARD ORDINARY, AGE LAST BIRTHDAY  
 VALUATION INTEREST RATE - 4.00 PERCENT  
 VALUATION METHOD - COMMISSIONERS RESERVE  
 NONFORFEITURE INTEREST RATE - 5.00 PERCENT  
 POLICY LOAN INTEREST RATE - 8.00 PERCENT ANNUAL RATE, PAYABLE IN ARREARS  
 NONFORFEITURE FACTOR - 95.77210 ALL YEARS

TABLE OF NONFORFEITURE VALUES

END OF POLICY YEAR	CASH OR LOAN VALUE \$	PAID UP INSURANCE \$	EXTENDED TERM YEARS DAYS		END OF POLICY YEAR
1					1
2					2
3	40.00	240	2	282	3
4	130.00	740	7	193	4
5	220.00	1,190	11	29	5
6	320.00	1,660	14	42	6
7	410.00	2,040	15	332	7
8	520.00	2,480	17	284	8
9	620.00	2,840	18	334	9
10	730.00	3,210	19	326	10
11	840.00	3,550	20	220	11
12	960.00	3,900	21	104	12
13	1,070.00	4,180	21	233	13
14	1,200.00	4,500	22	43	14
15	1,330.00	4,800	22	151	15
16	1,460.00	5,060	22	204	16
17	1,600.00	5,340	22	254	17
18	1,740.00	5,580	22	264	18
19	1,880.00	5,810	22	241	19
20	2,030.00	6,040	22	223	20
AT 60	2,820.00	7,020	21	216	AT 60
AT 65	3,680.00	7,780	19	315	AT 65
AT 70	4,580.00	8,350	17	259	AT 70

PLAN-FORM	BENEFIT DESCRIPTION	ANNUAL PREMIUM
1220 MNS	- WHOLE LIFE	\$ 164.20 FOR LIFE
5234	- CHILDREN'S DEATH BENEFIT \$5,000.00	37.50 FOR 30 YEARS

TOTAL ANNUAL PREMIUM \$ 201.70

ISSUED METHOD OF PAYMENT-----ANNUAL \$ 201.70

OTHER METHODS OF PAYMENT

SEMI-ANNUAL	\$ 100.85
QUARTERLY	\$ 50.43
MONTHLY	\$ 18.16
BANK DRAFT MONTHLY	\$ 16.81

NAME AND ADDRESS OF INSURED

JOHN DOE  
 1200 WOODED ACRES  
 WACO TX 76797

MALE ISSUE AGE 35  
 FACE AMOUNT \$10,000  
 POLICY NUMBER 1234567  
 POLICY DATE MAR 01, 2006  
 EFFECTIVE DATE MAR 01, 2006

SERFF Tracking Number:	AMLC-126581918	State:	Arkansas
Filing Company:	American Income Life Insurance Company	State Tracking Number:	45499
Company Tracking Number:	R5000		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Children's Term Rider		
Project Name/Number:	R5000/R5000		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>		
<b>Attachment:</b>		
ARReadCert.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	Application	
<b>Comments:</b>		
Application form AG-2549 was approved 11/10/2008.		

STATE OF ARKANSAS

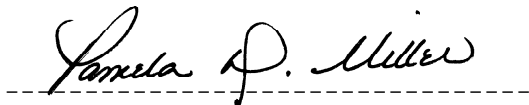
CERTIFICATE OF COMPLIANCE

I, PAMELA D. MILLER, AN OFFICER OF THE AMERICAN INCOME LIFE INSURANCE COMPANY, HEREBY CERTIFY THAT THE FOLLOWING FORM(S) HAS (HAVE) THE FOLLOWING READABILITY SCORE(S) AS CALCULATED BY THE FLESCH READING EASE TEST AND THAT THE FORM(S) MEET ALL REQUIREMENTS SET FORTH IN ARKANSAS STATUTES 66-3251 THROUGH 66-3258, CITED AS THE LIFE AND DISABILITY INSURANCE POLICY LANGUAGE SIMPLIFICATION ACT.

FORM(S)	SCORE
R5000	53.6

DATED April 13, 2010

AMERICAN INCOME LIFE INSURANCE COMPANY

A handwritten signature in black ink, reading "Pamela D. Miller", is written over a horizontal dashed line.

PAMELA D. MILLER, FLMI/M, AIRC, ACS  
VICE PRESIDENT  
COMPLIANCE

PFCERTAR